

<i>SERFF Tracking Number:</i>	<i>AENX-G128409639</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>AR053280100004</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2011 LAW- Dependent Termination (ALIC)</i>		
<i>Project Name/Number:</i>	<i>2011 LAW- Dependent Termination (ALIC)/AR053280100004</i>		

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2011 LAW- Dependent Termination (ALIC)

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: AENX-G128409639

SERFF Status: Closed-Approved-Closed

Co Tr Num: AR053280100004

Author: SPI AetnaSPI

Date Submitted: 06/01/2012

State: Arkansas

State Tr Num:

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/12/2012

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 2011 LAW- Dependent Termination (ALIC)

Project Number: AR053280100004

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 06/12/2012

State Status Changed: 06/12/2012

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

Aetna Life Insurance Company, NAIC No. 001-60054

Group Life, Accident and Health Insurance

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: CT Domiciliary approval not required.

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: SPI AetnaSPI

Booklet-Certificate Insert Sub-Section Form: GR-9N 30-015 06

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The booklet-certificate forms listed above are being submitted, for your Department's review and approval on a general use basis. The forms are new and do not replace any previously filed forms. The forms are in final form rather than being drafts or proofs.

The purpose of this filing submission is to provide additional plan sponsor flexibility with regard to dependent termination dates.

We intend to use the GR-9N form to this filing with:

- " Booklet-Certificate Form GR-9N that was approved by your Department on June 23, 2006; and
- " Wraparound Style Policy Form GR-29N that was approved by your Department on June 23, 2006.

Variability, as indicated by bracketed material on the forms, are required so that only the appropriate language may be reflected. Upon issuance of these documents, the placement of textual material may vary to avoid gaps that would otherwise be created by the deletion of bracketed material. Provisions may appear in sequence other than that shown. Connective words and phrases, which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of the group policy, may vary as the sense demands. A detailed Explanation of Variable Material for the forms have been included.

An Aetna electronic fund transfer in the amount of \$50 has been made in payment of your Department's filing fee.

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the above mailing address, telephone number or e-mail address.

Submitted on behalf of John W. Ciesielski, Product and Regulatory Approvals, Consultant
by Sneha Venkatramani, Pangea3

State Narrative:

Company and Contact

Filing Contact Information

Sneha Venkatramani, Product & Regulatory
Affairs Consultant
151 Farmington Avenue
Mail Stop RW61
Hartford, CT 06156

860-273-8187 [Phone]
860-952-2069 [FAX]

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Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name: Aetna	State ID Number:
(860) 273-7546 ext. [Phone]	FEIN Number: 06-6033492	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR Filing fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	06/01/2012	59619924

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/12/2012	06/12/2012

SERFF Tracking Number: *AENX-G128409639* *State:* *Arkansas*
Filing Company: *Aetna Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *AR053280100004*
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Product Name: *2011 LAW- Dependent Termination (ALIC)*
Project Name/Number: *2011 LAW- Dependent Termination (ALIC)/AR053280100004*

Disposition

Disposition Date: 06/12/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-G128409639 State: Arkansas

Filing Company: Aetna Life Insurance Company State Tracking Number:

Company Tracking Number: AR053280100004

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 2011 LAW- Dependent Termination (ALIC)

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	EOV GR-9N 30-015 06	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Form	When Coverage Ends for Dependents	Approved-Closed	Yes

SERFF Tracking Number: AENX-G128409639 State: Arkansas

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	GR-9N 30-	Certificate	When Coverage	Initial		0.000	AL GE
Closed	015 06		Ends for Dependents				GR9N003001
06/12/2012							5 V006.PDF

When Coverage Ends for Dependents

Coverage for your dependents will end if:

- You are no longer eligible for dependents' [medical] coverage.
- [You do not make the required contribution toward the cost of dependents' coverage. See *Enrollment Provision* for more information].
- Your own coverage ends for any of the reasons listed under *When Coverage Ends* for [Employees] [(other than exhaustion of your overall maximum lifetime benefit)].
- Your dependent is no longer eligible for coverage. In this case, coverage ends [at the end of the [calendar month]] [at the end of the [calendar month] following the [calendar month] of the dependent's birthday] [on the day of the dependent's birthday] when your dependent no longer meets the plan's definition of a dependent.
- [Your dependent has exhausted his or her lifetime maximum benefit under your medical plan.]
- As permitted under applicable federal and state law, your dependent becomes eligible for comparable benefits under this or any other group plan offered by your employer.
- [Your life insurance is being extended under this Plan as a permanently and totally disabled employee.]

[Coverage for dependents may continue for a period after your death. Coverage for handicapped dependents may continue after your dependent reaches any limiting age. See *Continuation of Coverage* for more information.]

[In addition a "domestic partner" will no longer be considered to be a defined dependent on the earlier to occur of:

- The date this plan no longer allows coverage for domestic partners.
- The date of termination of the domestic partnership. In that event, you should provide your Employer with a completed and signed Declaration of Termination of Domestic Partnership.]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: EOVS GR-9N 30-015 06 Comments: Attachment: AL GE EGR9N030015 V006.PDF	Approved-Closed	06/12/2012

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: N/A Comments:	Approved-Closed	06/12/2012

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: N/A Comments:	Approved-Closed	06/12/2012

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments:	Approved-Closed	06/12/2012

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A Comments:	Approved-Closed	06/12/2012

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	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	Approved-Closed
Comments:		06/12/2012
Attachment:		
AR Readability Cert - Dependent Termination.PDF		

Aetna Life Insurance Company
Explanation of Variability
GR-9N
30-015
06

When Coverage Ends for Dependents

- In the first bullet of the first paragraph, the reference to “medical” may be changed or expanded to reflect the coverage provided under the policyholder’s plan.
- The second bullet will be removed if the policyholder's plan is non-contributory. When the bullet item is included, the second sentence that reads, "See *Premium Contribution Provisions* for more information." may be omitted at the request of the policyholder.
- If the plan is not an employee/employer plan, any references to employees and employers, as well as the items describing terms of employment in the first and last paragraphs will be omitted. The term “employee” and “employer” will be replaced with terms applicable to the type of group and the relationship. For example, the term “employee” may be changed to “member” or “participant”, and the term “employer” may be changed to “association”, “union” or “policyholder”.
- In the third bullet of the first paragraph, the parenthetical statement at the end of the sentence will be omitted if the policyholder’s plan does not include lifetime maximums.
- In the fourth bullet of the first paragraph, only one option regarding the date of termination of coverage for dependent children will print depending on the policyholder's plan. In addition, references to “calendar month” may be changed to “policy month”.
- The fifth bullet of the first paragraph will be omitted if the policyholder’s plan does not include lifetime maximums. The reference to “medical” may be replaced by, or expanded to include reference(s) to dental, hearing, vision and/or pharmacy to reflect the coverage in the policyholder’s plan.
- The last bullet of the first paragraph will be included when a policyholder’s plan includes both employee and dependent life insurance coverage, and the employee life insurance includes a permanent and totally disabled extension of coverage provision.
- The second paragraph will be included when the policyholder's plan includes health coverage for dependents. It may also be revised to refer to a specific continuation provision(s) under the Continuation of Coverage section.
- The last paragraph will be included when domestic partner coverage is included.

**Arkansas
Certification**

AETNA LIFE INSURANCE COMPANY

RE: When Coverage Ends for Dependents , Form No. GR-9N 30-015 06
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This hereby certifies that the above captioned form is in full compliance with ACA 23-80-206 and the forms will achieve a minimum Flesch reading score of 40 when issued with the GR-9N Booklet-Certificate.



Signature

Stephen W. Halloran
Aetna Life Insurance Company
Assistant Vice President

Name - Title

May 29, 2012

Date